

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90158 032 \*\*\*\*70.00

**DOCUMENT # N42968**

1. Entity Name

**AMVETS DADE-BROWARD MEMORIAL POST 11, INC.**



Principal Place of Business

**15299 NE 12TH AVE.  
NORTH MIAMI BEACH FL 33162-5844**

Mailing Address

**15299 NE 12TH AVE.  
NORTH MIAMI BEACH FL 33162-5844**

**70001413**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPUTO, DANIEL J  
15299 NE 12TH AVE.  
N MIAMI BEACH FL 33162-5844**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Daniel J. Caputo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01-06-03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	CAPUTO, DANIEL J.	15299 N.E. 12TH AVENUE N. MIAMI BEACH FL 33162-5844	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	A	CHIPMAN, NOLAN P	PO BOX 016155 MIAMI FL 33101	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SO	MENIN, STANLEY S	1301 NE 191ST ST #417 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	SANTIGO, FRANK	6736 PANSY DR MIRAMAR FL 33023	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	T	SMITH, ROBERT L	1925 NE 124TH ST NORTH MIAMI FL 33181	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	C	DENNIS, EDWIN	1454 WEST 72ND STREET HIALEAH FL 33014	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #